

U160000 33977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100290843231

10/03/16--01030--025 **25.00

FILED
2016 OCT -3 PM 4:17
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALY

OCT - 5 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LEE's Enterprises LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leafor Adams
Name of Person

Lee's Enterprises LLC
Firm/Company

4905 34th St S # 374
Address

St Petersburg / FL / 33711
City/State and Zip Code

Lee.adams7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leafor Adams at (727) 452-8657
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEE'S Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 OCT -3 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/17/2016 and assigned Florida document number L16000033977.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lee Adams

New Registered Office Address:

4905 34th St S #374

Enter Florida street address

Saint Petersburg

City

Florida

33711

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lee Adams

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Leahford Adams</u>	<u>767 54th Ave S</u>	☐ Add
		<u>Saint Petersburg, FL 33705</u>	☒ Remove
			☐ Change
<u>CEO</u>	<u>Lee Adams</u>	<u>4905 34th St S #374</u>	☒ Add
		<u>Saint Petersburg, FL 33711</u>	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 OCT -3 PM 4:17
STATE OF FLA
CLERK OF CIRCUIT
JANUARY 1, 2017

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2016 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 29, 2016.


Signature of a member of the

Signature of a member or authorized representative of a member

Lee Adams

Typed or printed name of signee